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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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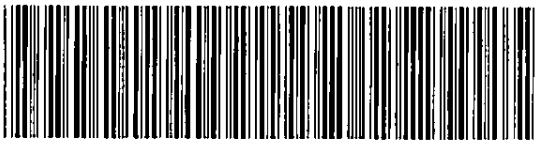

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Harvest Enterprises of SW FL, Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Rosalie St Clair
Name (Printed or typed)

615 Cape Coral Pkwy W
Address

Cape Coral, FL 33914
City, State & Zip

239-540-2612
Daytime Telephone number

kelvinmaster group
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Harvest Enterprises of SW FL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
615 Cape Coral Pkwy W	
Cape Coral, FL 33914	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida

ARTICLE IV SHARES
The number of shares of stock is 100 Shares @ 1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Rosalie St Clair, President	Name and Title:	
Address	615 Cape Coral Pkwy W., 104	Address:	
	Cape Coral, FL 33914		
Name and Title		Name and Title:	
Address		Address	
Name and Title		Name and Title:	
Address		Address	

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE II REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Ronald St. Clair, CPA

Address: 615 Cape Coral Pkwy W., 104

Cape Coral, FL 33914

ARTICLE III INCORPORATOR

The name and address of the Incorporator is

Name: Rosalie St Clair

Address: 615 Cape Coral Pkwy W 104

Cape Coral, FL 33914

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing. _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Ronald St. Clair
Required Signature/Registered Agent

11/18/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rosalie St. Clair
Required Signature/Incorporator

11/18/2022
Date

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